

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Dennis Paul Beaulieu

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Corporate Secretary, White Mountains Insurance Group, Ltd. _____
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755 _____
Business telephone. (603) 640-2206 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Whitemore School, UNH</u>	<u>Durham, NH</u>	<u>09/70-12/75</u>	<u>B.S.</u>

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

None _____

8. Present or proposed position with the applicant entity. Corporate Secretary

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

YES

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes - see Item 16.b attached
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of December at Hannover NH hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Dennis Paul Beaulieu

(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Dennis Paul Beaulieu personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 16th day of December 2003.

Nancy Leonard

(Notary Public)

My Commission Expires

NANCY LEONARD

Notary Public, New Hampshire

My Commission Expires June 6, 2006

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Dennis Paul Beaulieu
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Rochester
State/Province NH Country USA
6. Name of Affiant's Spouse (if applicable) Linda Beaulieu
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
<u>2/93-current</u>	<u>[REDACTED]</u>	<u>Dunbarton</u>	<u>NH</u>	<u>USA</u>	<u>03046</u>

Dated and signed this 18th day of December 2003 at Hannover, NH

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Dennis Beaulieu

(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Dennis Paul Beaulieu personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 16th day of December 2003

Nancy Leonard
(Notary Public)

My Commission Expires _____

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2005

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Dennis Paul Beaulieu, presently residing at [REDACTED] Dunbarton, NH 03046 am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

Dennis Beaulieu
(Signature)

Date: 12/16/03

This document was executed and signed in the presence of the following witnesses:

George Thomas 2. Patricia R. Martin
State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 16th day of December, 20 03.

[SEAL]

Nancy Leonard
Notary Public

My commission Expires:

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 8, 2008

EMPLOYMENT HISTORY

6/01 - current	White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Secretary & Treasurer
9/94 - 6/01	White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Vice President & Corporate Secretary
10/99 - 6/01	American Centennial Insurance 3501 Silverside Rd., Suite 203 Wilmington, Delaware 19810 Phone: (302) 479-2100 Fax: (302) 479-2103	Company Secretary
10/99 - 6/01	Peninsula Insurance Company Peninsula Indemnity Company 112 E. Market Square, Salisbury, Maryland 21803-0108 Phone: (410) 742-5132 Fax: (410) 742-1987	Asst. Secretary
6/99 - 1/01	Waterford Insurance Company 80 South Main Street, Hanover, New Hampshire Phone: (603) 640-2206 Fax: (603) 640-2250	Secretary
11/94 - 10/99	White Mountains Holdings, Inc. 80 South Main Street, Hanover, New Hampshire 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Vice President and Secretary
3/95 - 6/99	White Mountains Insurance Company 1117 Elm Street, Manchester, New Hampshire 03101 Phone: (603) 666-9642 Fax: (800) 762-4574	Chief Financial Officer and Secretary
10/91 - 6/94	New Dartmouth Bank 1155 Elm Street, Manchester, New Hampshire 03101 Phone: (603) 647-3816	Chief Financial Officer
2/88 - 10/91	Dartmouth Bancorp 2 College Park Drive, Hooksett, New Hampshire	Various-last position held - Chief Financial Officer
2/76 - 2/88	Indian Head Banks, Inc. 1 Indian Head Plaza, Nashua, New Hampshire Phone: (603) 886-5939	Various - last position held - Director of Asset/Liability

ITEM 16.b

I joined Dartmouth Bancorp in February 1988 as Controller and was promoted to Chief Financial Officer in 1991. Dartmouth Bancorp was a one-bank holding company, domiciled in New Hampshire, and parent of Dartmouth Bank (the "Bank").

The Bank was one of six major New Hampshire banks that failed in 1991 due to a severe economic recession that hit the state in the late 1980s and early 1990s. Preceding its closure, the Chief Executive Officer and his senior staff, of which I was a member, worked with the Federal Deposit Insurance Corporation (the "FDIC") to try and recapitalize the Bank, first by obtaining "open bank" assistance from the FDIC. These efforts were unsuccessful and the FDIC placed the bank into receivership on October 10, 1991. Preceding the closure, Bank management, with the full knowledge and consent of the FDIC, had been pursuing the formation of New Dartmouth Bank to bid on the assets of the failed Bank. Capitalized with \$41 million in private investor capital, New Dartmouth Bank was successful in its bid for the failed Bank and purchased certain assets and assumed certain liabilities of the former Bank, and two other failed New Hampshire institutions, Numerica Savings Bank and New Hampshire Savings Bank, in a "shared equity" arrangement with the FDIC. The Chief Executive Officer and his staff, with the FDIC's approval, stayed on as the senior staff of New Dartmouth Bank. New Dartmouth Bank was sold to Shawmut National Corporation in June, 1994 at a premium and the FDIC received an early redemption of its preferred stock, also at a premium. Dartmouth Bancorp, subsequent to the failure of the Bank, declared bankruptcy in the United States Bankruptcy Court for the District of New Hampshire.

I remained as Chief Financial Officer of New Dartmouth Bank until its sale to Shawmut in 1994.

BIOGRAPHICAL AFFIDAVIT

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(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). David Thomas Foy

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Chief Financial Officer, White Mountains Insurance Group, Ltd. _____
5. Affiant's business address. 370 Church Street, Guilford, CT 06437
Business telephone. (203) 458-2380 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Rochester Institute of Technology</u>	<u>Rochester, NY</u>	<u>09/84 - 02/89</u>	<u>B.S. Applied Statistics</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

Fellow – Society of Actuaries; Member – American Academy of Actuaries

8. Present or proposed position with the applicant entity. Chief Financial Officer

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending

Dates (MM/YY) 03/03 - present Employers' Name White Mountains Insurance Group, Ltd.

Address 80 South Main Street City Hanover State/Province NH

Country USA Postal Code 03755 Phone (603) 640-2200 Offices/Positions Held Chief Financial Officer

Fax (603) 643-4592 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 06/93 - 03/03 Employers' Name Hartford Life Insurance Company

Address Hartford Plaza City Hartford State/Province CT

Country USA Postal Code 06115 Phone (860) 547-5000 Offices/Positions Held Sr. VP, CFO, Treasurer & Director

Fax (860) 843-3390 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 03/89 - 05/93 Employers' Name Milliman & Robertson

Address 2445 M Street City Washington State/Province DC

Country USA Postal Code 20037 Phone (703) 917-0143 Offices/Positions Held Various Actuarial Roles

Fax (703) 827-9266 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. N/A

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

YES _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of December at Guilford I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

David Foy

(Signature of Affiant)

State of Connecticut

County of New Haven

Personally appeared before me the above named David Thomas Foy personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 1st day of December 20 03

Barbara A. Derry
Barbara A. Derry (Notary Public)
My Commission Expires 10/31/04

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). David Thomas Foy
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Concord
State/Province New Hampshire Country USA
6. Name of Affiant's Spouse (if applicable) Ruperta Dadia Foy
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
10/03-present	[REDACTED]	Old Saybrook	CT	USA	06475
11/96-10/03	[REDACTED]	Weatogue	CT	USA	06089
06/93-11/96	[REDACTED]	Weatogue	CT	USA	06089

Dated and signed this 1st day of December at Guildford

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

David Foy

(Signature of Affiant)

State of Connecticut

County of New Haven

Personally appeared before me the above named David Thomas Foy personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 1st day of December 20 03

Barbara A. Denny
Barbara A. Denny (Notary Public)

My Commission Expires 10/31/04

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, David Thomas Foy, presently residing at [REDACTED] Old Saybrook, CT am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

David Thomas Foy
(Signature)

Date: 12-1-03

This document was executed and signed in the presence of the following witnesses:

1. [Signature]

2. [Signature]

State of Connecticut
County of New Haven

Sworn to and subscribed before me this 1st day of December, 2003.

[SEAL]

Barbara A. Jerry
Notary Public

My commission Expires: 10/31/04

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Jess Brian Palmer

- b. Maiden Name (if applicable) N/A
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). J. Brian Palmer (signs name J.B. Palmer)

3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Chief Accounting Officer
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755
Business telephone. (603) 640-2200
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Massachusetts	Amherst, MA	09/90 - 02/95	Bachelor of Business Administration

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

American Institute of Certified Public Accountants (AICPA), Massachusetts Society of Certified Public Accountants (MSCPA)

8. Present or proposed position with the applicant entity. Chief Accounting Officer

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending

Dates (MM/YY) 6/1/01 - present Employers' Name White Mountains Insurance Group, Ltd.

Address 80 South Main Street City Hanover State/Province NH

Country USA Postal Code 03755 Phone (603) 640-2200 Offices/Positions Held Chief Accounting Officer

Fax (603) 643-4592 Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 11/99 - 6/1/01 Employers' Name White Mountains Management Company

Address 80 South Main Street City Hanover State/Province NH

Country USA Postal Code 03755 Phone (603) 640-2200 Offices/Positions Controller

Fax (603) 643-4592 Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 6/95 - 11/99 Employers' Name PricewaterhouseCoopers

Address 160 Federal Street City Boston State/Province MA

Country USA Postal Code 02110 Phone (617) 428-8400 Offices/Positions Senior Accountant

Fax (617) 439-7393 Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization /Issuer of License Commonwealth of MA, Board of Public Accountancy Address 239 Causeway Street, Ste 450
City Boston State/Province MA Country USA Postal Code 02114
License Type Certified Public Accountant License # 19503 Date Issued (MM/YY) 12/98
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

YES

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21ST day of NOVEMBER at 2003 I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

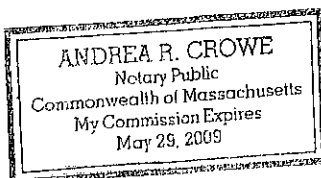
JBP
(Signature of Affiant)

State of Massachusetts

County of Suffolk

Personally appeared before me the above named Jess Brian Palmer personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of November 2003.



[Signature]
(Notary Public)

My Commission Expires _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Jess Brian Palmer
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Boston
State/Province MA Country USA
6. Name of Affiant's Spouse (if applicable) Marci Palmer
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
8/03-present	[REDACTED]	Grafton	MA	USA	01536
11/99-8/03	[REDACTED]	Enfield	NH	USA	03748
11/97-11/99	[REDACTED]	Westboro	MA	USA	01581
11/95-11/97	[REDACTED]	Northboro	MA	USA	01532
5/88-11/95	[REDACTED]	Hopkinton	MA	USA	01748

Dated and signed this 21st day of NOVEMBER at 2003

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

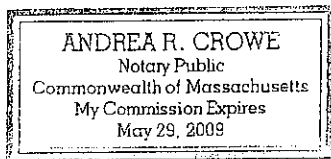
JBP
(Signature of Affiant)

State of Massachusetts

County of Suffolk

Personally appeared before me the above named Jess Brian Palmer personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of NOVEMBER 2003



(SEAL)

[Signature]
(Notary Public)

My Commission Expires _____

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **Jess Brian Palmer**, presently residing at [REDACTED] **Grafton, MA 01536** am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

J. B. Palmer
(Signature)

Date: 11/21/03

This document was executed and signed in the presence of the following witnesses:

1. Mary L. Parisi 2. Susan Holland

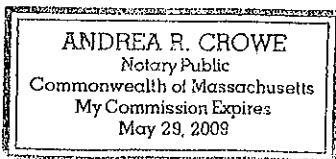
State of Massachusetts
County of Suffolk

Sworn to and subscribed before me this 21st day of November, 2003.

[SEAL]

Andrea R. Crowe
Notary Public

My commission Expires: _____



BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or s eparate s heet i f s pace hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Robert Lawrence Seelig

- b. Maiden Name (if applicable). _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A

3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. V.P. & General Counsel, White Mountains Insurance Group, Ltd.
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755
Business telephone. (603) 640-2200
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Duke University</u>	<u>Durham, NC</u>	<u>8/86 - 5/90</u>	<u>B.S.E.</u>

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Duke University	Durham, NC	8/89 - 5/91	M.B.A.
University of Chicago	Chicago, IL	10/91 - 6/94	J.D.

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

Member of the Bar - State of New York; Member - American Bar Association

8. Present or proposed position with the applicant entity. Vice President & General Counsel

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
 Dates (MM/YY) 02/03 - present Employers' Name White Mountains Insurance Group, Ltd.
 Address 80 South Main Street City Hanover State/Province NH
 Country USA Postal Code 03755 Phone (603) 640-2200 Offices/Positions Held Vice President & General Counsel
 Fax (603) 643-4592 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) 09/02 - 02/03 Employers' Name OneBeacon Asset Management, Inc.
 Address 80 South Main Street City Hanover State/Province NH
 Country USA Postal Code 03755 Phone (603) 640-2200 Offices/Positions Held Vice President & General Counsel
 Fax (603) 643-4592 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) 10/94 - 9/02 Employers' Name Cravath, Swaine & Moore
 Address 825 Eighth Avenue City New York State/Province NY
 Country USA Postal Code 10019 Phone (212) 474-1000 Offices/Positions Held Associate
 Fax (212) 474-3700 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. Member of the Bar – State of New York

Organization /Issuer of License State of New York – Office of Court Administration Address PO Box 2806, Church St Station

City New York State/Province NY Country USA Postal Code 10008

License Type _____ License # 2665297 Date Issued (MM/YY) 04/95

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (212) 428-2800

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes - Insignificant percentage

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of November at Hanover NH I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]

(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Robert Lawrence Seelig personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003.

[Signature]
(Notary Public)

My Commission Expires NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

(603) 640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Robert Lawrence Seelig
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Washington, DC
State/Province _____ Country USA
6. Name of Affiant's Spouse (if applicable) Karin Jo Dell'Antonia
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>10/02-present</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>3/96-10/02</u>	<u>[REDACTED]</u>	<u>New York</u>	<u>NY</u>	<u>USA</u>	<u>10011</u>
<u>10/94-3/96</u>	<u>[REDACTED]</u>	<u>New York</u>	<u>NY</u>	<u>USA</u>	<u>10014</u>
<u>9/93-10/94</u>	<u>[REDACTED]</u>	<u>Chicago</u>	<u>IL</u>	<u>USA</u>	<u>60614</u>
<u>6/93-9/93</u>	<u>[REDACTED]</u>	<u>New York</u>	<u>NY</u>	<u>USA</u>	<u>10014</u>
<u>9/92-6/93</u>	<u>[REDACTED]</u>	<u>Chicago</u>	<u>IL</u>	<u>USA</u>	<u>60637</u>

Dated and signed this 24th day of November at Hamover, NH

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Lat SS.

(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Robert Lawrence Seelig personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003

Nancy Leonard
(Notary Public)

My Commission Expires

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **Robert Lawrence Seelig**, presently residing at [REDACTED] **Hanover, NH** am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date November 24, 2003

This document was executed and signed in the presence of the following witnesses:

1. Dennis Beaulieu

2. George Sofronas

State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 24th day of November, 2003.

[SEAL]

[Signature]
Notary Public

My commission Expires: NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Raymond Joseph Rene Barrette

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____

b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. President & CEO, White Mountains Insurance Group, Ltd. _____
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755 _____

Business telephone. (603) 640-2200 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Laval University</u>	<u>Quebec City, PQ Canada</u>	<u>1969-1973</u>	<u>B.S.</u>

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

American Academy of Actuaries, Casualty Actuarial Society

8. Present or proposed position with the applicant entity. President & CEO

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

YES _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of November at Hanover NH I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of New Hampshire
County of Grafton

Personally appeared before me the above named Raymond Joseph Rene Barrette personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003

[Signature]
(Notary Public)

My Commission Expires NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2005

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200


1. a. Affiant's Full Name (Initials Not Acceptable). Raymond Joseph Rene Barrette
- b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Quebec
State/Province Quebec Country Canada
6. Name of Affiant's Spouse (if applicable) Cynthia Barrette
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>5/99-present</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>11/97-5/99</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>7/96-6/98</u>	<u>[REDACTED]</u>	<u>Wilmington</u>	<u>DE</u>	<u>USA</u>	<u>19808</u>
<u>8/97-6/98</u>	<u>[REDACTED]</u>	<u>Hockessin</u>	<u>DE</u>	<u>USA</u>	<u>19707</u>
<u>9/94-7/96</u>	<u>[REDACTED]</u>	<u>Garches</u>		<u>France</u>	
<u>6/87-7/94</u>	<u>[REDACTED]</u>	<u>Kentfield</u>	<u>CA</u>	<u>USA</u>	<u>94904</u>

Dated and signed this 24th day of November at Hanover NH

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

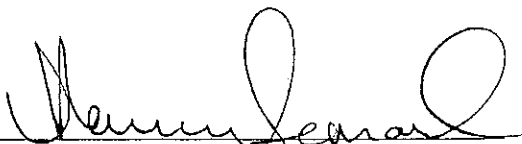

(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Raymond Joseph Rene Barrette personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003


(Notary Public)

(SEAL)

My Commission Expires

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Raymond Joseph Rene Barrette, presently residing at [REDACTED] Hanover, NH am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: November 24, 2003

This document was executed and signed in the presence of the following witnesses:

1. [Signature] [Signature]

State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 24th day of November, 20 03.
[Signature]
Notary Public

[SEAL]

My commission Expires: NANCY LEONARD
Notary Public, New Hampshire
Commission Expires June 6, 2008

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
President & CEO White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/1/03 to present
Chairman & CEO OneBeacon Insurance Group One Beacon Street, Boston, MA 02108	P: (617) 725-9080 F: (617) 725-9055	12/2001 to 12/31/02
Managing Director & CEO OneBeacon Insurance Group One Beacon Street, Boston, MA 02108	P: (617) 726-9080 F: (617) 725-9055	6/2001 to 12/2001
President White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/00 to 6/2001
Executive Vice President & Chief Financial Officer White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	11/97 to 1/2000
Consulting Actuary TILLINGHAST - TOWERS PERRIN Tour Neptune, 20 Place De Seine 92400 Courbevoie, France	P: 33-1-4102-0202	1/94 to 2/96
President, Personal Insurance Division Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	8/91 to 12/93
Executive Vice President & Chief Financial Officer Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	2/89 to 8/91
Executive Vice President, Commercial Insurance Division Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	12/86 to 2/89
Senior Vice President & Chief Actuary Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	4/83 to 12/86

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if s pace hereon is insufficient to a nswer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). John Joseph Byrne

b. Maiden Name (if applicable). N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Chairman, White Mountains Insurance Group, Ltd.
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755
Business telephone. (603) 640-2200
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Rutgers University</u>	<u>New Brunswick, NJ</u>	<u>1951 - 1954</u>	<u>B.S.</u>

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Harvard Law School	Cambridge, MA	1957 – 1958	None
University of Michigan	Ann Arbor, MI	1958 – 1959	M.S.

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

Honorary Degrees – University of Maryland, St. Anselm College, Rutgers, Mount Saint Mary's College

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

SEE ITEM 7 ATTACHED

8. Present or proposed position with the applicant entity. Chairman

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

White Mountains Insurance Group, Ltd.

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of December at Haver NH I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named John Joseph Byrne personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 3rd day of December 2003

[Signature]
(Notary Public)

My Commission Expires NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2004

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). John Joseph Byrne

b. Maiden Name (if applicable) N/A

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen N/A

4. Foreign Student ID# (if applicable) N/A

5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Passaic
State/Province New Jersey Country USA

6. Name of Affiant's Spouse (if applicable) Dorothy Byrne

7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> <u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
4/02-present	[REDACTED]	Etna	NH	USA	03750
11/88-4/02	[REDACTED]	Hanover	NH	USA	03755

Dated and signed this 3rd day of December at Hanover NH
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

John J. Byrne
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named John Joseph Byrne personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 3rd day of December 2003

Nancy Leonard
(Notary Public)

(SEAL)

My Commission Expires _____

NANCY LEONARD
Notary Public - New Hampshire
My Commission Expires _____

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, John J. Byrne, presently residing at [REDACTED] Etna, NH am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

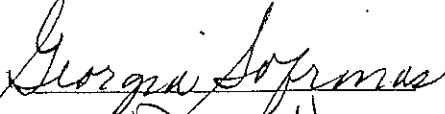
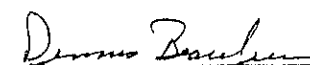
I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.


(Signature)

Date: 12.01.03

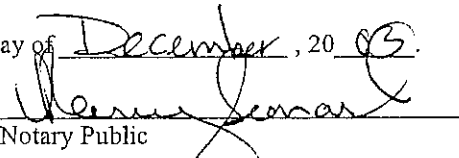
This document was executed and signed in the presence of the following witnesses:

1.  2. 

State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 3rd day of December, 2003.

[SEAL]


Notary Public

My commission Expires: UNRENEWED
My Commission Expires: DEC 3, 2003

PROFESSIONAL SOCIETIES & ASSOCIATIONS

Member, American Academy of Actuaries
Associate, Society of Actuaries
Overseer, Rutgers University Foundation
Charter Life Underwriter
Past Trustee, Insurance Institute of America
Past Trustee, American Institute of Property and Liability Underwriters
Past Director, National Association of Independent Insurers (NAII)
Past Director, American Insurance Association (AIA)
Past Director, Urban Institute
Past Director, Special Olympics International

EMPLOYMENT EXPERIENCE

POSITION	PHONE FAX	DATE
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/2003 – present
Chairman & CEO WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	2/2002 – 1/2003
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	6/2001 - 2/2002
Chairman ONEBEACON INSURANCE GROUP One Beacon Street Boston, MA 02108	P: (617) 725-6000 F: (617) 725-9055	6/2001 - 12/2001
Chairman and Chief Executive Officer WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/2000 - 6/2001
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	10/1997 - 1/2000
Chairman, President & Chief Executive Officer WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1985 - 10/1997
Chairman FIREMAN'S FUND CORP. 777 San Marin Drive Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	1989-1990
Chairman GEICO One Geico Plaza Washington, DC 20076	P: (301) 986-2802 F: (301) 986-3092	1976-1985

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or s eparate sheet if s pace hereon is i nsufficient to a nswer a ny question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Howard Longstreth Clark, Jr.

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Vice Chairman, Lehman Brothers _____
5. Affiant's business address. 745 Seventh Avenue, 20th Floor, New York, NY 10019
Business telephone. (212) 526-6255 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Boston University</u>	<u>Boston, MA</u>	<u>1967</u>	<u>B.S./B.A.</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
Columbia University New York, NY 1968 M.B.A.
Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. NONE

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21 day of November at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Howard L. Clark, Jr.
(Signature of Affiant)

State of

New York

County of

Kings

Personally appeared before me the above named Howard Longstreth Clark, Jr. personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21 day of November 20 03.

Carmela Rinaldi
(Notary Public)

My Commission Expires

CARMELA RINALDI
Registration # 01RI4816446
County of Kings, State of New York
License expires 9/30/06

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.
80 South Main Street, Hanover, NH 03755
603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Howard Longstreth Clark, Jr.
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City New York
State/Province New York Country USA
6. Name of Affiant's Spouse (if applicable) Karen Clark
7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> <u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>7/92 - present</u>	<u>[REDACTED]</u>	<u>Greenwich</u>	<u>CT</u>	<u>USA</u>	<u>06831</u>

Dated and signed this 21 day of November at _____
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Howard L. Clark, Jr.
(Signature of Affiant)

State of New York
County of Kings

Personally appeared before me the above named Howard Longstreth Clark, Jr. personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21 day of November 20 03

Carmela Rinaldi
(Notary Public)

(SEAL)

My Commission Expires _____

CARMELA RINALDI
Registration # 01RI4816446
County of Kings, State of New York
License expires 4/30/06

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Howard Longstreth Clark, Jr., presently residing at [REDACTED] Greenwich, CT am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

Howard L. Clark
(Signature)

Date: November 21, 2003

This document was executed and signed in the presence of the following witnesses:

1. Donna Gatto 2. Donna Luma

State of New York
County of Kings

Sworn to and subscribed before me this 21 day of November, 2003.

[SEAL]

Carmela Rinaldi
Notary Public

My commission Expires: _____

CARMELA RINALDI
Registration # 01RI4816446
County of Kings, State of New York
License expires 4/30/06

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Vice Chairman Lehman Brothers 745 Seventh Avenue, 20 th Floor New York, NY 10019	P: (212) 526-6255 F: (646) 758-3916	1993 to Present
Chairman Shearson Lehman 3 World Financial Center New York, NY 10019	P: (212) 526-6255	1990 to 1993
Executive Vice President and Chief Financial Officer American Express 3 World Financial Center New York, NY	P: (212) 640-2000	1981 to 1990

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Robert Phillips Cochran

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Chairman & CEO, Financial Security Assurance, Inc.
5. Affiant's business address. 350 Park Avenue, New York, NY 10022
Business telephone. (212) 339-3439
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Center College	Danville, KY	1971	B.A.

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Duke University Law School Durham, NC 1974 J.D.

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations.

NONE

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21st day of Nov. at 2003 I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Robert P. Cochran
(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Robert Phillips Cochran personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of November 2003.

[Signature]
(Notary Public)

My Commission Expires _____

RICHARD J. BAUERFELD
Notary Public, State of New York
No. 31-4942311
Qualified in New York County
Commission Expires 2/16/07

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

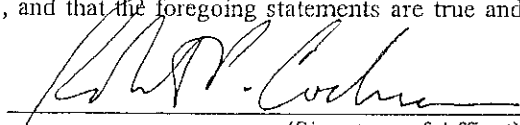
1. a. Affiant's Full Name (Initials Not Acceptable). Robert Phillips Cochran
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Norfolk
State/Province Virginia Country USA
6. Name of Affiant's Spouse (if applicable) Suzanne Cochran
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>8/91-present</u>	<u>[REDACTED]</u>	<u>New York</u>	<u>NY</u>	<u>USA</u>	<u>10028</u>
<u>10/89-8/91</u>	<u>[REDACTED]</u>	<u>New York</u>	<u>NY</u>	<u>USA</u>	<u>10021</u>

Dated and signed this 21 day of Nov. at 2003

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

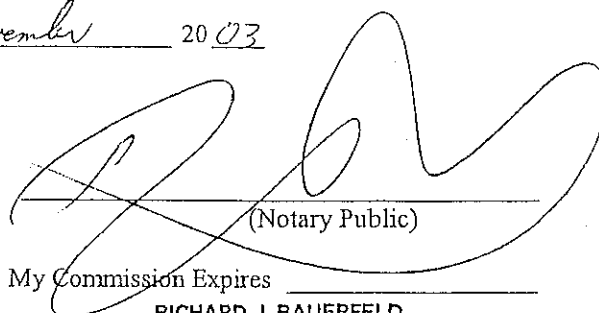

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Robert Phillips Cochran personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of November 20 03


(Notary Public)
My Commission Expires _____

(SEAL)

RICHARD J. BAUERFELD
Notary Public, State of New York
No. 31-4942311
Qualified in New York County
Commission Expires 2/10/07

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **Robert Phillips Cochran**, presently residing at [REDACTED] New York, NY am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: 11/21/03

This document was executed and signed in the presence of the following witnesses:

1. Dennis Beaudin

2. [Signature]

State of New York
County of New York

Sworn to and subscribed before me this 21st day of November, 2003.

[SEAL]

[Signature]
Notary Public

My commission Expires: **RICHARD J. BAUERFELD**
Notary Public, State of New York
No. 31-4942311
Qualified in New York County
Commission Expires 2/10/07

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Chairman & Chief Executive Officer Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	12/5/97 - Present
President & CEO Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	8/90 - 12/4/97
Managing Director, Financial Guaranty Group; Assistant Secretary Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	8/85 - 8/90
Sr. Partner of the law firm and Managing Partner of the Washington DC office Kutok Rock 1101 Connecticut Avenue Washington, DC 20036		9/75 - 7/85

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Steven Elliott Fass

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. President, CEO & Director, Folksamerica Holding Co, Inc & Subsidiaries
5. Affiant's business address. One Liberty Plaza, 19th Floor, New York, NY
Business telephone. (212) 312-2502
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
The Baruch School of Business of the City College of New York	New York, NY	1969	B.B.A.

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

Member of the Board – Brokers & Reinsurance Markets Association (BRMA), Independent Reinsurance

Underwriters Association (IRU); Member of the Board – Reinsurance Association of America (RAA)

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

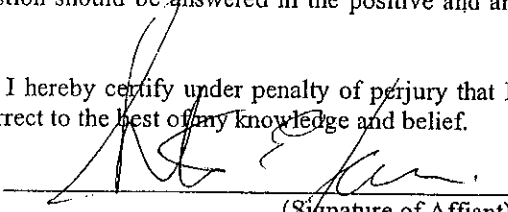
15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 23 day of November at NY, NY I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

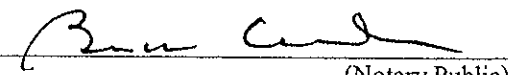

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Steven Elliott Fass personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 23 day of November 2003.


(Notary Public)

My Commission Expires 10-31-06

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

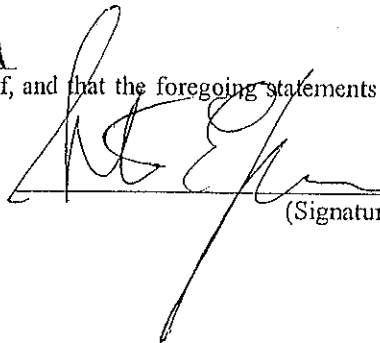
603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Steven Elliott Fass
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Brooklyn
State/Province NY Country USA
6. Name of Affiant's Spouse (if applicable) Susan Fass
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>3/99-present</u>	<u>[REDACTED]</u>	<u>Colts Neck</u>	<u>NJ</u>	<u>USA</u>	<u>07722</u>
<u>9/82-3/99</u>	<u>[REDACTED]</u>	<u>Middletown</u>	<u>NJ</u>	<u>USA</u>	<u>07748</u>

Dated and signed this 25 day of November at N.Y.
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

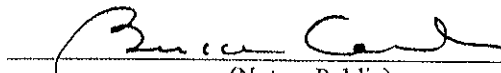

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Steven Elliott Fass personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 25 day of November 2003


(Notary Public)

(SEAL)

My Commission Expires 10-31-06

BERNICE GORDON
NOTARY PUBLIC, State of New York
No. 31-4943684
Qualified in New York County
Commission Expires October 31, ~~2003~~ 2006

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Steven Elliott Fass, presently residing at [REDACTED] Colts Neck, NJ am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.


(Signature)

Date: 11.25.03

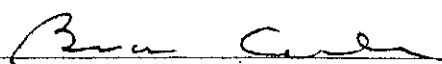
This document was executed and signed in the presence of the following witnesses:

1. Kathy Fusco 2. Susan E. Hiscock

State of New York
County of New York

Sworn to and subscribed before me this 25 day of November, 2003.

[SEAL]


Notary Public

My commission Expires: 10.31.03

BERNICE GORDON
NOTARY PUBLIC, State of New York
No. 31-4943684
Qualified in New York County
Commission Expires October 31, 2006

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
President, CEO & Director Folksamerica Holding Company, Inc. and its Subsidiaries One Liberty Plaza New York, NY 10006	P: (212) 312-2502 F: (212) 285-3678	1984 to Present
Vice President and CFO Folksamerica Reinsurance Company One Liberty Plaza New York, NY 10006	P: (212) 312-2502 F: (212) 285-3678	1980 to 1983

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or s eparate sheet if s pace hereon is i nsufficient to a nswer a ny question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). George Joseph Gillespie, III

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Partner, Cravath, Swaine & Moore _____
5. Affiant's business address. 825 Eighth Avenue, New York, NY
Business telephone. (212) 474-1709 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Georgetown	Washington, DC	1952	A.B.

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Harvard Law School	Cambridge, MA	1955	LLB
Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

ABA, NY State Bar Association; Association of the Bar, City of New York

8. Present or proposed position with the applicant entity. Director, Chairman of The Board

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
 Dates (MM/YY) 1963 - present Employers' Name Cravath, Swaine & Moore
 Address 825 Eighth Avenue City New York State/Province NY
 Country USA Postal Code 10019 Phone (212) 474-1709 Offices/Positions Held Partner
 Fax (212) 765-0977 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employers' Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Fax _____ Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employers' Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Fax _____ Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

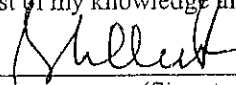
15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21st day of November at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



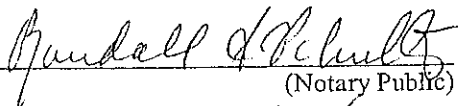
(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named George Joseph Gillespie, III personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of November 20 03.


(Notary Public)

My Commission Expires 6/27/06

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

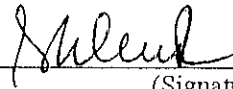
603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). George Joseph Gillespie, III
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City New York
State/Province New York Country USA
6. Name of Affiant's Spouse (if applicable) Eileen Gillespie
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>2/78-present</u>	<u>[REDACTED]</u>	<u>Harrison</u>	<u>NY</u>	<u>USA</u>	<u>10528</u>

Dated and signed this 21st day of November at _____
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

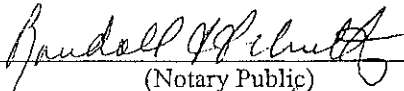

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named George Joseph Gillespie, III personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of November 20 03


(Notary Public)

(SEAL)

My Commission Expires 6/27/06

RANDALL S. SCHULTZ
Notary Public, State of New York
No. 31-4931219
Qualified in New York County
Commission Expires June 27, 2006

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, George Joseph Gillespie, III, presently residing at [REDACTED] Harrison, NY am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to *act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: 11/21/03

This document was executed and signed in the presence of the following witnesses:

1. Isabella Curry 2. Clair M. Kelly

State of New York
County of New York

Sworn to and subscribed before me this 21st day of November, 20 03.

[SEAL]

[Signature]
Notary Public

My commission Expires: 6/27/06

RANDALL S. SCHULTZ
Notary Public, State of New York
No. 31-4931219
Qualified in New York County
Commission Expires June 27, 2006

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). John Davies Gillespie

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
Managing Partner, Prospector Partners, LLC
4. Affiant's Occupation or Profession. Chairman & President, White Mountains Advisors LLC
5. Affiant's business address. 370 Church Street, Guilford, CT 06437
Business telephone. (203) 458-1500
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Bates College</u>	<u>Lewiston, ME</u>	<u>1980</u>	<u>B.A.</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
Graduate School of Business
Stanford University Stanford, CA 1986 M.B.A.

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

American Association of Insurance and Financial Analyst

8. Present or proposed position with the applicant entity. Deputy Chairman & Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____
b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. SEE ITEM 11 ATTACHED

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

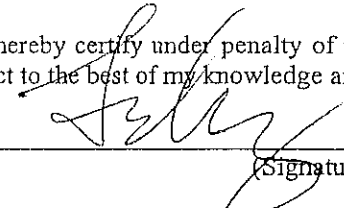
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of November at Guilford I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

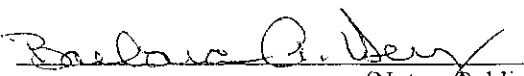

(Signature of Affiant)

State of Connecticut

County of New Haven

Personally appeared before me the above named John Davies Gillespie personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 20 03.


(Notary Public)

My Commission Expires 10/31/04.

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

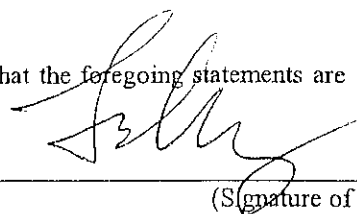
603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). John Davies Gillespie
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City White Plains
State/Province New York Country USA
6. Name of Affiant's Spouse (if applicable) Andrea Gillespie
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>2/01-present</u>	<u>[REDACTED]</u>	<u>Guilford</u>	<u>CT</u>	<u>USA</u>	<u>06437</u>
<u>6/97-2/01</u>	<u>[REDACTED]</u>	<u>Killingworth</u>	<u>CT</u>	<u>USA</u>	<u>06497</u>
<u>6/93-6/97</u>	<u>[REDACTED]</u>	<u>Annapolis</u>	<u>MD</u>	<u>USA</u>	<u>21401</u>
<u>6/86-6/93</u>	<u>[REDACTED]</u>	<u>Crownsville</u>	<u>MD</u>	<u>USA</u>	<u>21032</u>

Dated and signed this 24th day of November at Gulfport
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



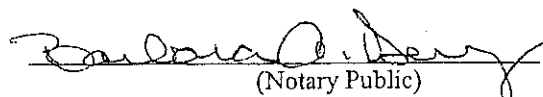
(Signature of Affiant)

State of Connecticut

County of New Haven

Personally appeared before me the above named John Davies Gillespie personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003



(Notary Public)

My Commission Expires 10/31/04

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **John Davies Gillespie**, presently residing at [REDACTED] **Guilford, CT** am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in a ny report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

(Signature)

Date: 11/24/03

This document was executed and signed in the presence of the following witnesses:

1. [Signature] 2. [Signature]

State of Connecticut
County of Newtown

Sworn to and subscribed before me this 24th day of November, 20 03.

[SEAL]

[Signature]
Notary Public

My commission Expires: 11/31/04

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Chairman & President WHITE MOUNTAINS ADVISORS LLC 370 Church Street Guilford, CT 06437	P: (203) 458-2380 F: (203) 458-0754	3/03 - present
Managing Director ONEBEACON INSURANCE GROUP LLC One Beacon Street Boston, MA 02108	P: (617) 725-6000 F: (617) 725-9055	6/01 - 3/03
Managing Partner PROSPECTOR PARTNERS 370 Church Street Guilford, CT 06437	P: (203) 458-1500 F: (203) 458-0840	3/97 - Present
Vice President T. ROWE PRICE ASSOCIATES, INC. 100 East Pratt Street Baltimore, MD 21202	P: (410) 547-2308	6/86 - 2/97
Financial Analyst GEICO CORPORATION One Geico Plaza Washington, DC	P: (301) 986-2500 F: (301) 986-3092	9/81 - 6/84

Professional Licenses: John D. Gillespie

- Passed NASD Series 65 10/18/94

- Uniform Investment Advisor State Law Exam

- Investment Advisor Representative Registration

California 10/09/95

District of Columbia 11/21/94 File # R3244-94

Illinois 12/01/95

Maryland 06/04/91

Pennsylvania 04/22/91 [REDACTED]

Virginia 12/11/87 CRD # 1778872

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or s eparate sheet if s pace hereon is insufficient to a nswer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Gordon Stanley Macklin

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Retired _____
5. Affiant's business address. 8212 Burning Tree Road, Bethesda, MD 20817
Business telephone. (301) 469-9392 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Brown University</u>	<u>Providence, RI</u>	<u>1946-1950</u>	<u>B.A.</u>

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

None _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

None _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

NONE _____

8. Present or proposed position with the applicant entity. Director _____

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? Yes If any claims were made on the bond, give details. N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
Yes

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 25th day of November at Hannover, NH, I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Gordon Stanley Macklin personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 25th day of November 2003.

[Signature]
(Notary Public)

My Commission Expires _____
NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2013

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Gordon Stanley Macklin
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Cleveland
State/Province Ohio Country USA
6. Name of Affiant's Spouse (if applicable) Marilyn Macklin
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>4/92-present</u>	<u>[REDACTED]</u>	<u>Bethesda</u>	<u>MD</u>	<u>USA</u>	<u>20817</u>

Dated and signed this 25th day of November at Hammer, NH

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Gordon S Macklin
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Gordon Stanley Macklin personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 25th day of November 2003

Nancy Leonard
(Notary Public)

(SEAL)

My Commission Expires NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Gordon Stanley Macklin, presently residing at [REDACTED] Bethesda, MD am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

Gordon S. Macklin
(Signature)

Date: November 25, 2003

This document was executed and signed in the presence of the following witnesses:

1. Dennis Beaulieu 2. Georgia Thomas

State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 25th day of November, 2003

[SEAL]

Nancy Leonard
Notary Public

My commission Expires: NANCY LEONARD
Notary Public, New Hampshire
Commission Expires June 6, 2005

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Retired		1/03 to Present
Deputy Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	6/01 to 1/03
Retired	P: (301) 469-0451 F: (301) 469-0458	7/98 to 6/01
President, Chief Executive Officer WHITE RIVER CORPORATION 777 Westchester Avenue White Plains, NY 10604		12/97 to 7/98
Non-executive Chairman WHITE RIVER CORPORATION 777 Westchester Avenue White Plains, NY 10604		10/93 to 7/98
Self Employed		4/92 to 10/93
Chairman HAMBRECHET & QUIST, INC. One Bush Street San Francisco, CA 94104		7/87 to 4/92
President NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC. 1735 K Street, NW. Washington, DC 20006		7/70 to 7/87

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Frank Albert Olson

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Chairman, non-executive COB, Hertz Corp. _____
5. Affiant's business address. 210 Summit Avenue, Montvale, NJ 07645 _____
Business telephone. (201) 307-2223 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
City College of San Francisco	San Francisco, CA	1950-1954	A.A.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Frank Albert Olson

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Chairman, non-executive COB, Hertz Corp.
5. Affiant's business address. One Maynard Drive, Suite 100, Park Ridge, NJ
Business telephone. (201) 307-2223
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
City College of San Francisco	San Francisco, CA	1950-1954	A.A.

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

NONE

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending

Dates (MM/YY) 1/00 - present Employers' Name Hertz Corp.

Address One Maynard Drive, Suite 100 City Park Ridge State/Province NJ

Country USA Postal Code 07656 Phone (212) 307-2223 Offices/Positions Held Chairman, non-exec COB

Fax (201) 307-6625 Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 1964 - 1/00 Employers' Name Hertz Corp.

Address 225 Brae Blvd City Park Ridge State/Province NJ

Country USA Postal Code 07656 Phone (212) 307-2223 Offices/Positions Held Chairman & CEO

Fax (201) 307-6625 Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 20 day of Nov. at 2003 I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Kaolsm

(Signature of Affiant)

State of New Jersey

County of Bergen

Personally appeared before me the above named Frank Albert Olson personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 20 day of November 2003.

Susan Jane Pocsik
(Notary Public)

My Commission Expires 12-21-07

SUSAN JANE POCSIK
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 21, 2007
County of Bergen

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Frank Albert Olson
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City San Francisco
State/Province California Country USA
6. Name of Affiant's Spouse (if applicable) Sarah Olson
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>10/99-present</u>	<u>[REDACTED]</u>	<u>Palm Beach</u>	<u>FL</u>	<u>USA</u>	<u>33480</u>
<u>1985-10/99</u>	<u>[REDACTED]</u>	<u>Ridgewood</u>	<u>NJ</u>	<u>USA</u>	

Dated and signed this 20 day of Nov at 2003

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Frank Olson

(Signature of Affiant)

State of New Jersey

County of Bergen

Personally appeared before me the above named Frank Albert Olson personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 20 day of November 2003

Susan Jane Pocsik
(Notary Public)

(SEAL)

My Commission Expires 12-21-07

SUSAN JANE POCSIK
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 21, 2007
County of Bergen

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Frank Albert Olson, presently residing at [REDACTED] Palm Beach, FL am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

Frank Olson
(Signature)

Date: 11-20-03

This document was executed and signed in the presence of the following witnesses:

1. Mary E. Cataldo 2. Maureen Wefel

State of New Jersey
County of Bergen

Sworn to and subscribed before me this 20 day of November, 2003.

[SEAL]

Susan Jane Pocsik
Notary Public

My commission Expires: 12-21-07

SUSAN JANE POCSIK
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 21, 2007
County of Bergen

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

(603) 640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Lowndes Andrew Smith

b. Maiden Name (if applicable). N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
b. Are you a citizen of any other country, if so, what country? N/A _____
4. Affiant's Occupation or Profession. Retired _____
5. Affiant's business address. [REDACTED] Westbrook, CT 06498
Business telephone. 860 [REDACTED] _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Babson College	Wellesley, MA	09/57 - 06/60	B.S.

Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. None

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
Dates (MM/YY) 04/68 - 06/02 Employers' Name Hartford Financial Services Inc
Address Hartford Plaza City Hartford State/Province CT
Country USA Postal Code 06115 Phone 860-843-8970 Offices/Positions Held Vice Chair, President
Fax 860-843-3528 Supervisor / Contact Thomas Marra

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? Yes If any claims were made on the bond, give details. N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization /Issuer of License NASD Address Box 9495

City Gaithersburg State/Province MD Country USA Postal Code 20898

License Type Fin. Prime Securities License # 831016 Date Issued (MM/YY) 06/72

Date Expired (MM/YY) 07/03 Reason for Termination Retired

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

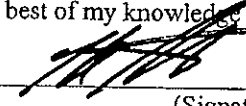
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21 day of NOV 03 at OLD SAYBROOK CT I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of CONNECTICUT

County of MIDDLESEX

Personally appeared before me the above named LAWRENCE A. SMITH personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of NOVEMBER 2003.


LINDA C. CALVERLEY (Notary Public)
My Commission Expires 3/31/05

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

(603) 640-2200

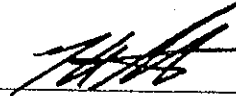
1. a. Affiant's Full Name (Initials Not Acceptable). Lowndes Andrew Smith
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Middletown
State/Province CT Country USA
6. Name of Affiant's Spouse (if applicable) Susan F. Smith
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>01/01-present</u>	<u>[REDACTED]</u>	<u>Westbrook</u>	<u>CT</u>	<u>USA</u>	<u>06498</u>
<u>02/92 - 01/01</u>	<u>[REDACTED]</u>	<u>Weatogue</u>	<u>CT</u>	<u>USA</u>	<u>06089</u>

Dated and signed this 21 day of NOV 2003 at OLD SAYBROOK CT

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.




(Signature of Affiant)

State of CONNECTICUT

County of MIDDLESEX

Personally appeared before me the above named LAWRENCE A. SMITH personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of Nov. 2003



(Notary Public)
My Commission Expires 3/31/08

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, LOHANNES A. SAITIS, presently residing at [REDACTED] Westport CT 06498 am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *to act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: 11-21-03

This document was executed and signed in the presence of the following witnesses:

1. [Signature]
State of CONNECTICUT
County of MIDDLESEX

2. [Signature]

Sworn to and subscribed before me this 21ST day of November, 2003.

[SEAL]

[Signature]
Notary Public
My commission Expires: 3/31/03

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Joseph Saul Steinberg

- b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
- b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. President, Leucadia National Corporation _____
5. Affiant's business address. 315 Park Avenue South, New York, NY _____
Business telephone. (212) 460-1944 _____
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>New York University</u>	<u>New York, NY</u>	<u>1962-1966</u>	<u>A.B.</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
Harvard Business School Boston, MA 1968-1970 M.B.A.
Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. NONE
8. Present or proposed position with the applicant entity. Director
9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
Dates (MM/YY) 01/79 - present Employers' Name Leucadia National Corporation
Address 315 Park Avenue South City New York State/Province NY
Country USA Postal Code 10010 Phone (212) 460-1944 Offices/Positions Held President
Fax (212) 598-3241 Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NASD license held while employed by Carl Marks & Co. Inc. from 1970-1978. License terminated when employment ended. License No. 434838

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. See attachment

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes; See attachment _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of NOVEMBER at 10 AM I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Joseph Saul Steinberg personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003.

Patricia A. Raab
(Notary Public)

My Commission Expires 8/28/2006

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Joseph Saul Steinberg

b. Maiden Name (if applicable) N/A

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen N/A

4. Foreign Student ID# (if applicable) N/A

5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Chicago
State/Province IL Country USA

6. Name of Affiant's Spouse (if applicable) Diane Heidt Steinberg

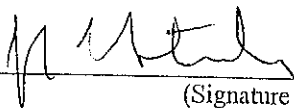
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>1992-present</u>	<u>[REDACTED]</u>	<u>Brooklyn</u>	<u>NY</u>	<u>USA</u>	

Dated and signed this 24th day of November at 10 AM

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

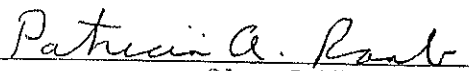

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Joseph Saul Steinberg personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 24th day of November 2003


(Notary Public)

(SEAL)

My Commission Expires 8/28/2006

PATRICIA A. RAAB
Notary Public, State of New York
No. 01RA6047311
Qualified in Nassau County
Commission Expires 8/28/2006

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Joseph Saul Steinberg, presently residing at [REDACTED] Brooklyn, NY am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: NOVEMBER 24, 2003

This document was executed and signed in the presence of the following witnesses:

1. [Signature] 2. [Signature]

State of New York
County of New York

Sworn to and subscribed before me this 24th day of November, 2003.

[SEAL]

Patricia A. Raab
Notary Public

My commission Expires: 8/28/2006

PATRICIA A. RAAB
Notary Public, State of New York
No. 01RA6047311
Qualified in Nassau County
Commission Expires 8/28/2006

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT OF STEINBERG, JOSEPH SAUL

Items 13 and 14

Leucadia National Corporation ("Leucadia") owns more than 10% of the following insurance companies:

<u>Name and Address of Insurance Company</u>	<u>Position</u>	<u>Percentage Owned</u>
Allcity Insurance Company New York, New York 10011	Director (since 2/88)	100%
Empire Insurance Company* New York, New York	Director (since 2/88)	100%
Olympus Re Holdings, Ltd.	Director (since 12/01)	16.1%
Olympus Reinsurance Company Ltd.	Director (since 12/01)	16.1% (through Olympus Re Holdings, Ltd.)

Through my beneficial ownership of approximately 12.6% of the common shares of Leucadia outstanding at November 2003 (excluding warrants with respect to Leucadia common shares and excluding shares owned by trusts for the benefit of my children (approximately 1.6% of outstanding shares at November 2003), I am associated with the foregoing entities, as well as all of Leucadia's non-public subsidiaries.

Leucadia owns White Mountains Insurance Group, Ltd. ("WMIG") approximately 4% of the common stock of White Mountains Insurance Group, Ltd. ("WMIG"). As a result of my beneficial ownership of Leucadia common shares described above, I may be deemed to have an indirect interest in these securities owned by Leucadia.

* In 2001, Centurion Insurance Company merged into its parent, Empire Insurance Company

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Allan Lewis Waters

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). NONE

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Managing Member; Mulherrin Capital Advisors, LLC
5. Affiant's business address. 10 Mulherrin Farm Road, Hanover, NH 03755
Business telephone. (603) 643-7702
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>University of Maryland</u>	<u>College Park, MD</u>	<u>08/75 - 05/79</u>	<u>B.S. - Accounting</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

NONE

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

NONE

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations.

American Institute of CPA's

8. Present or proposed position with the applicant entity. Director, White Mountains Insurance Group, Ltd.

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending

Dates (MM/YY) 3/98 - present Employers' Name Mulherrin Capital Advisors, LLC

Address 10 Mulherrin Farm Road City Hanover State/Province NH

Country USA Postal Code 03755 Phone 603-643-7702 Offices/Positions Held Managing Member

Fax 603-643-0573 Supervisor / Contact I am the Founder and Principal Owner of this organization

Beginning/Ending

Dates (MM/YY) 10/85 - 11/97 Employers' Name Fund American Enterprises Holdings, Inc.

Address 80 South Main Street City Hanover State/Province NH

Country USA Postal Code 03755 Phone 603-640-2200 Offices/Positions Held Asst. VP-Finance, VP - Finance, Controller, CFO

Fax 603-643-4592 Supervisor / Contact John J. Byrne

Beginning/Ending

Dates (MM/YY) 04/85 - 10/85 Employers' Name Geico Corporation

Address 5260 Western Avenue City Chevy Chase State/Province MD

Country USA Postal Code 20815 Phone 301-986-3000 Offices/Positions Held Director - Corporate Affairs

Fax 301-986-2888 Supervisor / Contact John J. Byrne

Beginning/Ending

Dates (MM/YY) 10/84 - 4/85 Employers' Name Marriott International, Inc.

Address Marriott Drive City Washington State/Province DC

Country USA Postal Code 20058 Phone 301-380-3000 Offices/Positions Held Manager - Accounting
Fax 301-380-2111 Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization /Issuer of License Maryland Board of Public Accountancy Address 500 North Calvert Street, 3rd Floor
City Baltimore State/Province MD Country USA Postal Code 44212

License Type Certified Public Accountant License # 7046 Date Issued (MM/YY) 05/80

Date Expired (MM/YY) 12/86 Reason for Termination Did not renew license

Non-insurance Regulatory Phone Number (if known) 410-230-6258

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

YES

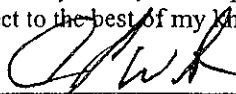
If any of the shares or stock are pledged or hypothecated in any way, give details.

NONE

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of December at Haver NH hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



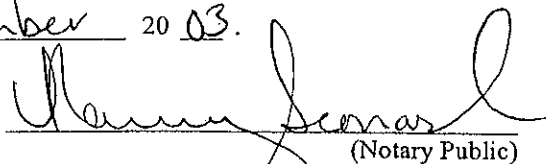
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Allan Lewis Waters personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 3rd day of December 20 03.



(Notary Public)

My Commission Expires NANCY LEONARD

Notary Public, New Hampshire
My Commission Expires June 6, 2006

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

1. a. Affiant's Full Name (Initials Not Acceptable). Allan Lewis Waters

b. Maiden Name (if applicable) N/A

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen N/A

4. Foreign Student ID# (if applicable) N/A

5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Havre de Grace
State/Province Maryland Country USA

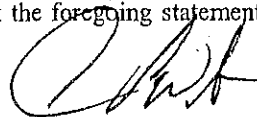
6. Name of Affiant's Spouse (if applicable) Mary Fayette Waters

7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>11/93-present</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>

Dated and signed this 3rd day of December at Hamden NH
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



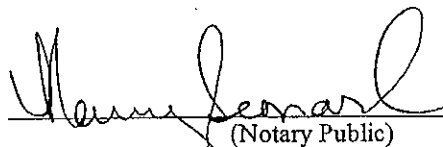
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Allan Lewis Waters personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 3rd day of December 2003



(Notary Public)

(SEAL)

My Commission Expires _____

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2004

1

4

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Allan Lewis Waters, presently residing at [REDACTED] Hanover, NH
am affiliated with or proposed to be affiliated with _____ which is
applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

[Signature]
(Signature)

Date: 12/3/03

This document was executed and signed in the presence of the following witnesses:

1. [Signature] 2. [Signature]

State of _____
County of _____

Sworn to and subscribed before me this 3rd day of December, 2003.

[SEAL]

[Signature]
Notary Public

My commission Expires: 1

[Signature]
Notary Public, New Hampshire
My Commission Expires June 6, 2006

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

Type of entity (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or s eparate sheet if s pace hereon is i nsufficient to a nswer a ny question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Arthur Zankel

b. Maiden Name (if applicable) N/A
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Senior Managing Member, High Rise Capital Management, LP
5. Affiant's business address. 535 Madison Avenue, New York, NY
Business telephone. (212) 756-3311
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Universtiy of Pennsylvania</u>	<u>PA</u>	<u>1949-1953</u>	<u>B.S.</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
Harvard Graduate School of Business Cambridge, MA 1953-1955 M.B.A.
Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

NONE

8. Present or proposed position with the applicant entity. Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? Yes If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. None now; many prior to retirement from First Manhattan Co.

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes _____

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A _____

15. Have you ever been adjudged a bankrupt? No _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

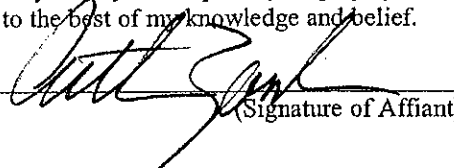
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No _____

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No _____

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21st day of NOV at 11:00am 2003 I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Arthur Zankel personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of NOV 2003.

Donna M. Amend
(Notary Public)

My Commission Expires 9/29/07

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

80 South Main Street, Hanover, NH 03755

603-640-2200

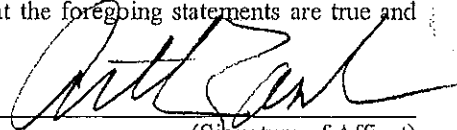
1. a. Affiant's Full Name (Initials Not Acceptable). Arthur Zankel
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City New York
State/Province New York Country USA
6. Name of Affiant's Spouse (if applicable) Judy Zankel
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
1990-present	[REDACTED]	Armonk	NY	USA	

Dated and signed this 21st day of NOV at 11:00am
2003

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

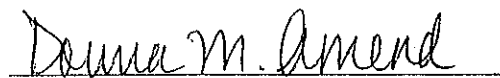

(Signature of Affiant)

State of New York

County of New York

Personally appeared before me the above named Arthur Zankel personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 21st day of NOV 20 03


(Notary Public)

My Commission Expires 9/29/03

(SEAL)

DONNA M. AMEND
Notary Public, State of New York
No. 01AM5089576
Qualified in Suffolk County
Commission Expires September 29, 20 07

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Arthur Zankel, presently residing at [REDACTED] Armonk, NY am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

(Signature)

Date: 11/21/03

This document was executed and signed in the presence of the following witnesses:

1. [Signature] 2. [Signature]

State of New York
County of New York

Sworn to and subscribed before me this 21st day of NOV, 20 03.

[SEAL]

Notary Public

My commission Expires: 9/29/07

DONNA M. AMEND
Notary Public, State of New York
No. 01AM5099576
Qualified in Suffolk County
Commission Expires September 29, 20 07

EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Senior Managing Member High Rise Capital 535 Madison Avenue New York, NY 10022	P: (212) 756-3311 F: (212) 421-7540	2000 – present
Co-Managing Partner First Manhattan Co. 437 Madison Avenue New York, NY	P: (212) 756-3311 F: (212) 421-7540	1979 - 1997
General Partner First Manhattan Co. 437 Madison Avenue New York, NY	P: (212) 756-3311 F: (212) 421-7540	1965 - 1999

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Company (Do Not Use Group Names):

Occum Acquisition Corp.

80 South Main Street

Hanover, NH 03755

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully). IF THE ANSWER IS "NO" OR "NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable):

Reid Tarlton Campbell

2. a. Have you ever had your name changed? No If yes, give the reason for the change:

b. Other names used at any time:

3. Affiant's Social Security Number:

4. Date and Place of Birth:

Raleigh, NC

5. Affiant's Business Address:

370 Church Street, Guilford, CT 06437

Business Telephone: (203) 458-2380

6. List your residences for the last ten (10) years starting with your current address, giving:

DATES

ADDRESS

CITY AND STATE

SEE ITEM 6 ATTACHED

7. Education: Dates, Names, Locations and Degrees:

College: 1986 - 1990 Washington & Lee University

Lexington, VA

B.S.

Graduate Studies:

Others:

8. List memberships in Professional Societies and Associations: Certified Public Accountant, State of Connecticut; Connecticut Society of CPA's; American Institution of CPA's

9. Present or Proposed Position with the Applicant Company: Secretary and Treasurer

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
SEE ITEM 10 ATTACHED		

11. Present employer may be contacted: X Yes No

Former employers may be contacted: X Yes No

12. a. Have you ever been in a position which required a fidelity bond? No
If any claims were made on the bond, give details:

b. Have you ever been denied an individual or position schedule fidelity bond, or have a bond cancelled or revoked? No If yes, give details:

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination): None

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? No If yes, give details.

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power): None

If any of the stock is pledged or hypothecated in any way, give details:

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? Yes If any of the shares of stock are pledged or hypothecated in any way, give details:_____

Holder of 906 shares of White Mountains Insurance Group, Ltd. common stock - less than 1%

17. Have you ever been adjudged a bankrupt? No

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement or a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? No If yes, give details:_____

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? No
If yes, give details:_____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? No

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? No
If yes, give details:_____

Dated and signed this 5 day of April, 2004 at

Guilford, CT. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Neil T. Gull
(Signature of Affiant)

State of Connecticut

County of New Haven

Personally appeared before me the above named Reid Tarlton Campbell personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 5th day of April, 2004

Barbara A. Denny
(Notary Public)

My Commission Expires 10/31/04

EMPLOYMENT HISTORY

POSITION	DATE
Managing Director WHITE MOUNTAINS ADVISORS/WHITE MOUNTAINS CAPITAL, INC. 370 Church Street Guilford, CT 06437	3/03 - Current
Vice President ONEBEACON INSURANCE GROUP 370 Church Street Guilford, CT 06437	6/01 - 2/03
Vice President and Director of Finance WHITE MOUNTAIN INSURANCE GROUP, LTD. & subsidiaries 80 South Main Street Hanover, NH 03755-2053	2/94 - 5/01
Audit Senior KPMG PEAT MARWICK Stamford Square 3001 Summer Street Stamford, CT 06905	10/90 - 1/94
Assistant (Marketing) IBM CORPORATION National Distributions Division New York, NY	6/89 - 8/89

ITEM 6

RESIDENCE HISTORY

DATE	ADDRESS	CITY AND STATE
8/01 - Current	[REDACTED]	New Canaan, CT
6/97 - 8/01	[REDACTED]	Hanover, NH
9/94 - 5/97	[REDACTED]	Hanover, NH
5/94 - 8/94	[REDACTED]	White River Jct., VT
9/92 - 4/94	[REDACTED]	New Canaan, CT

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

Occum Acquisition Corp.

370 Church Street, Guilford, CT 06437

(203) 458-238

Type of entity (i.e. insurance company, premium finance company, etc.): _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Kernan Victor Oberting

b. Maiden Name (if applicable) N/A _____
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). N/A _____

3. a. Are you a citizen of the United States? Yes _____
b. Are you a citizen of any other country, if so, what country? No _____
4. Affiant's Occupation or Profession. Managing Director, White Mountains Capital, Inc.
5. Affiant's business address. 80 South Main Street, Hanover, NH 03755
Business telephone. (603) 640-2222
6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Dartmouth College</u>	<u>Hanover, NH</u>	<u>1987-1991</u>	<u>B.A. - Economics</u>

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

None

8. Present or proposed position with the applicant entity. President, Occum Acquisition Corp.

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

SEE ITEM 9 ATTACHED

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Fax Supervisor / Contact

Beginning/Ending
Dates (MM/YY) - Employers' Name

Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient. NONE

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
YES

If any of the shares or stock are pledged or hypothecated in any way, give details.

N/A

15. Have you ever been adjudged a bankrupt? No
16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 2nd day of April at Hanover, NH I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Kernan Victor Oberting personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 2nd day of April 2004.

[Signature]
(Notary Public)

My Commission Expires

NANCY LEONARD
Notary Public, New Hampshire
Commission Expires June 6, 2008

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

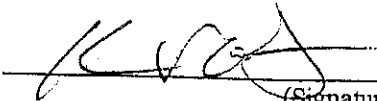
Occum Acquisition Corp.
370 Church Street, Guilford, CT 06437
(203) 458-2380

1. a. Affiant's Full Name (Initials Not Acceptable). Kernan Victor Oberting
b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Rome
State/Province New York Country USA
6. Name of Affiant's Spouse (if applicable) Judith Oberting
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>2/00-present</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>11/99-2/00</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>7/96-10/99</u>	<u>[REDACTED]</u>	<u>Thetford Center</u>	<u>VT</u>	<u>USA</u>	<u>05075</u>
<u>5/95-7/96</u>	<u>[REDACTED]</u>	<u>Hanover</u>	<u>NH</u>	<u>USA</u>	<u>03755</u>
<u>5/94-5/95</u>	<u>[REDACTED]</u>	<u>Tokyo 154</u>	<u>--</u>	<u>Japan</u>	
<u>9/93-5/94</u>	<u>[REDACTED]</u>	<u>Tokyo 166</u>	<u>--</u>	<u>Japan</u>	

Dated and signed this 5th day of April, 2004 at Hanover NH
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of New Hampshire

County of Grafton

Personally appeared before me the above named Kernan Victor Oberting personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 5th day of April 2004


(Notary Public)

My Commission Expires _____

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

(SEAL)

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **Kernan Victor Oberting**, presently residing at [REDACTED] Hanover, NH am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor to *act acting on its behalf in the capacity as described herein* and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in a ny report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

Date: 4/5/04

This document was executed and signed in the presence of the following witnesses:

1. Dennis Beaulieu 2. Donna L Davis

State of New Hampshire
County of Grafton

Sworn to and subscribed before me this 5th day of April, 2004

Notary Public

My commission Expires:

NANCY LEONARD
Notary Public, New Hampshire
My Commission Expires June 6, 2006

EMPLOYMENT HISTORY

POSITION	DATE
Managing Director White Mountains Capital, Inc. 80 South Main St. Hanover NH 03755 (603) 643-2222	2/03 – present
Vice President OneBeacon Insurance Group 80 South Main St. Hanover NH 03755 (603) 643-2222	6/01 – 2/03
Vice President White Mountains Insurance Group, Ltd. 80 South Main St. Hanover NH 03755 (603) 643-2200	2/98 – 5/01
Analyst White Mountains Insurance Group, Ltd. 80 South Main St. Hanover NH 03755 (603) 643-2200	7/95 - 2/98
Trader CS First Boston Japan	9/93 - 4/95
English Teacher ESL Japan	8/92 - 10/92
Analyst Stern Stewart & Co. 450 Park Ave. NY, NY 10022	10/91 - 7/92